



# GUAM BOARD OF MEDICAL EXAMINERS

## APPLICATION FOR TEMPORARY LICENSE CHECKLIST

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Specialty: \_\_\_\_\_

\_\_\_\_\_ **Guam Board of Medical Examiners Application /Notarized (GBME-1)**

\_\_\_\_\_ **Photo 2x2 (print, sign, & date), taken within the last three (3) months**

\_\_\_\_\_ **Detailed "Practice Plan" (Employer on Guam)**

\_\_\_\_\_ **Release of Information (GBME-21)**

\_\_\_\_\_ **Notarized copy (ies) of Medical License(s)**

\_\_\_\_\_ Continental U.S.

\_\_\_\_\_ U.S. Territories

\_\_\_\_\_ **National Practitioner Data Bank**

\_\_\_\_\_ **Interview Questionnaire**

\_\_\_\_\_ **Records of Payment Form (GBME-7)**

*Application Fee (\$150.00)*

*Temporary License Fee (\$125.00)*



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## APPLICATION FOR TEMPORARY MEDICAL LICENSURE

**ATTACH  
2 X 2  
PHOTO  
HERE**

### GENERAL INFORMATION AND INSTRUCTIONS

1. Please type or print.
2. Unsigned application shall be considered incomplete and will be returned for signature.
3. Application must include the following: **Completed check list; GBME-1, GBME-7, GBME-11, GBME-21 Forms, and payment.**
4. Make Check or Money Order payable to *"Treasurer of Guam"* and mail to:  
**194 Hernan Cortez Ave. Suite 213, Hagatna, GU 96910**

#### A. IDENTIFICATION:

1. NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)
2. SOCIAL SECURITY NO.: \_\_\_\_\_ SEX: \_\_\_\_\_ M \_\_\_\_\_ F
3. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_
4. PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
5. MAILING ADDRESS: \_\_\_\_\_  
(STREET OR P.O. BOX)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)
6. EMAIL ADDRESS: \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
(MANDATORY — for contact purposes only)

#### B. EDUCATIONAL INFORMATION:

EDUCATIONAL BACKGROUND	NAME & ADDRESS	DATE GRADUATED	DEGREE
<b>COLLEGE/UNIVERSITY</b>			
<b>MEDICAL SCHOOL</b>			
<b>POST GRADUATE TRAINING</b> (Only list ACGME or AOA approved internship, residency and fellowships(s))			



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## C. PROFESSIONAL INFORMATION:

1. List *past and current* medical license for the United States and its Territories and Canada:

\_\_\_\_\_  
\_\_\_\_\_

2. EXAMINATIONS TAKEN (List only if passed and list all parts and dates taken if applicable):

**ECFMG:** \_\_\_\_\_

**FLEX: Component 1:** \_\_\_\_\_ **Component 2:** \_\_\_\_\_

**NBME: Part 1:** \_\_\_\_\_ **Part 2:** \_\_\_\_\_ **Part 3:** \_\_\_\_\_

**USMLE: Part 1:** \_\_\_\_\_ **Part 2:** \_\_\_\_\_ **Part 3:** \_\_\_\_\_

3. Professional Experience as a physician over the last five (5) consecutive years:

FROM	TO	LOCATION	TYPE OF PRACTICE	REASON FOR DISCONTINUATION

4. ABMS (American Board of Medical Specialties) Specialty Certification:

a. I am **ABMS** (American Board of Medical Specialties) BOARD CERTIFIED in the following:

<u>Specialty</u>	<u>Date Issued</u>	<u>Date Expired</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(NOTE: ATTACH COPY OF EACH ABMS BOARD CERTIFICATION)*

5. My area of practice is/are: \_\_\_\_\_

**D. AFFIDAVIT:** TO BE SWORN BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS BY THE APPLICANT WHO HAS COMPLETED THIS FORM, AND IS APPLYING FOR GUAM LICENSURE.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DATE OF \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

(NOTARY SEAL)



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I, \_\_\_\_\_, do hereby authorize the Guam Board of Medical Examiners to request information from appropriate individual/agency/organization to verify my qualifications and/or current licensure standing with other Medical Boards.

I understand that request for verifications will be forwarded in accordance to the established administrative rules and regulations.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)



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## INITIAL APPLICATION INTERVIEW QUESTIONNAIRE

PAGE 1 OF 2

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE INDICATE YES or NO and INITIAL each entry.**

*(All "YES" answers to the following questions must be accompanied by a written statement with dates explaining the circumstances that must be acceptable to the GBME)*

		YES	NO	INITIAL
1	Has your license to practice medicine ever been revoked, suspended, or restricted Or has there been any disciplinary action taken against you in any state or territory?	_____	_____	_____
2	Have you ever been convicted of any felony or misdemeanor, except for minor traffic violations under the laws of any state or territory?	_____	_____	_____
3	Has any disciplinary action ever been taken against you by a government agency, Law enforcement agency, any peer review body, healthcare institution, or professional Medical society regarding your clinical or ethical performance as a physician?	_____	_____	_____
4	Have you voluntarily surrendered your medical license while under investigation in any state or territory?	_____	_____	_____
5	Have you ever been licensed or privileged to practice medicine by a government Jurisdiction including the military, public health or foreign government.	_____	_____	_____
6	Have you ever been denied a narcotic license, charged or convicted of a violation Of a Federal, State or Territorial Narcotic Laws, or asked to surrender your narcotic license?	_____	_____	_____
7	Has your staff privileges at any hospital/healthcare institution ever been denied, reduced or removed, or have you ever been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician?	_____	_____	_____
8	Have you ever voluntarily resigned or limited your staff privileges at any hospital/Health care institution while under formal or informal investigation by the institution or a committee thereof?	_____	_____	_____
9	Have you ever voluntarily resigned or withdrawn from a nation state or county medical society, association or organization while under a formal or informal investigation by the institution or a committee thereof?	_____	_____	_____



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## CONTINUATION OF INITIAL APPLICATION INTERVIEW QUESTIONNAIRE PAGE 2 OF 2

	YES	NO	INITIAL
10 Have you ever had a liability judgments(s) or/and legal settlement(s)?	___	___	___
11 Have you ever changed your practice specialty?	___	___	___
12 Have you ever been addicted to the use of narcotics, barbiturates, alcohol or other drugs	___	___	___
13 Do you presently have a physical or mental health condition that can affect or is reasonably likely to affect your ability to perform your medical duties or affect your clinical judgment?	___	___	___
14 Have you ever been licensed or applied for licensure on Guam? If "YES" Please indicate date: _____	___	___	___

Under penalty of perjury, any misrepresentation to the Guam Board of Medical Examiners can constitute grounds for denial suspension or revocation of your medical license and prosecution to the full extent of the laws of Guam.

This form when completed must be submitted with your application for medical licensure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Reviewing Board Representative  
Guam Board of Medical Examiners

\_\_\_\_\_  
Date



# GUAM BOARD OF MEDICAL EXAMINERS

## RECORD OF PAYMENT

### I. IDENTIFICATION

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Mailing: \_\_\_\_\_  
(CITY) (STATE) (ZIP)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### II. Verification of Licensure: Please print the complete name used on original license and your Social Security Number

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Fee:** Please make all check or money orders payable to **TREASURER OF GUAM**. All fees are **NON REFUNDABLE**.

Please check your request(s):

- |         |  |    |        |
|---------|--|----|--------|
| 1. ( )  | Application Fee                                    | \$ | 150.00 |
| 2. ( )  | License Fee  | \$ | 250.00 |
| 3. ( )  | USMLE Step 3 Examination                           | \$ | 530.00 |
| 4. ( )  | Temporary License                                  | \$ | 125.00 |
| 5. ( )  | License Renewal                                    | \$ | 250.00 |
| 6. ( )  | Late Renewal Penalty Fee                           | \$ | 150.00 |
| 7. ( )  | Inactive Status                                    | \$ | 300.00 |
| 8. ( )  | Reinstatement of License                           | \$ | 400.00 |
| 9. ( )  | License Verification                               | \$ | 25.00  |
| 10. ( ) | Re-Issuance (duplicate) License Certificate        | \$ | 100.00 |
| 11. ( ) | Re-Issuance (duplicate) License Card               | \$ | 20.00  |
| 12. ( ) | Physicians Practice Act                            | \$ | 10.00  |
| 13. ( ) | Physicians Practice Act Admin. Rules & Regulations | \$ | 10.00  |
| 14. ( ) | Photocopy (up to five (5) pages)                   | \$ | 4.00   |
| 15. ( ) | Photocopy (each additional page)                   | \$ | .50    |

**NOTE:** Mail this form to the: *Guam Board of Medical Examiners, 194 Hernan Cortez Ave. Suite 213, Hagatna, GU 96910*

**FOR OFFICE USE ONLY:** Payment ( ) Check ( ) Money Order

**Field Receipt No.:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_